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THE NURSING TIMES

Saturday
Aug. 18, 1906

NURSING NOTES

Presentation to Miss Monk.

Miss Monk, finding it almost impossible to write separately to each person who so generously contributed to the presentation made to her on July 30th last, desires us to express her deep and lasting gratitude to Lord Methuen, chairman of the Committee of Management of King's College Hospital, to the members of the committee, to the medical and nursing staff of the hospital, past and present, and to all her other good friends. She sincerely hopes that all who have given her this mark of their personal friendship and esteem will know how precious to her is the remembrance of their goodness.

It is a subject of deepest regret and sorrow to her that her failing health should have prevented her from finishing the work that she had hoped to accomplish for the great cause of our hospitals, and the care of our sick. She especially regrets that she should have been unable to continue her services to the committee at this critical period in the history of King's College Hospital, and to see the completion of the removal of the hospital to Camberwell before her retirement.

It is also a great sorrow to her to be compelled to sever her connection with Queen Alexandra's Imperial Military Nursing Service, more especially as her Majesty had recently paid her the further compliment of placing her on the Council of the British Red Cross Society, in both of which works she took the warmest interest.

Awards to District Nursing Societies.

Twenty-six of the awards recommended by the Committee of Distribution at the recent meeting of the Metropolitan Hospital Sunday Fund are to nursing associations. The grants are as follows:—

	£	s.	d.
Aldgate Freedom	5	0	0
Aldgate Lordship	5	0	0
Belvedere and Abbey Wood	5	0	0
Brixton	20	0	0
Central St. Pancras	15	0	0
Hackney	20	0	0
Hammersmith and Fulham	35	0	0
Hampstead	15	0	0
Kensington	40	0	0
Kilburn	15	0	0
Kingston	30	0	0
Metropolitan (Bloomsbury)	50	0	0
St. Olave's (Bermondsey)	30	0	0
Paddington and Marylebone	35	0	0
Plaistow	85	0	0
Rotherhithe	10	0	0
Shoreditch	55	0	0
South London (Battersea)	45	0	0
Tottenham	5	0	0
Southwark	30	0	0
South Wimbledon	15	0	0
Westminster	25	0	0
Woolwich, Plumstead, and Charlton ...	30	0	0
East London	150	0	0
North London	50	0	0
London District	360	0	0

Cookery Exhibition.

The forthcoming Cookery and Food Exhibition to be held at the Royal Horticultural Hall, Westminster, from November 27th to December 1st, 1906, promises to be of unusual interest. The exhibits will be divided into six sections, and the most interesting to our readers will probably be the one devoted to invalid cookery, where Miss Heather-Bigg's name appears on the executive committee. District nurses, too, will get many useful hints from the elementary and household cookery section, and they will do well to visit the exhibition during November 27th and 28th, when the exhibits in this section will be on show.

Nurses as Swimmers.

It is well when nurses manage, in spite of their heavy labours, to keep up a high standard of physique. One of the best exercises for this purpose is swimming; the movements exercise the chief muscles of the body under conditions of absolute freedom. Guy's Hospital swimming bath for nurses is famous, and recently some of the staff competed in races, Nurse Weber winning the sixty yards race. It is also specially interesting for us to note that Miss Ethel Littlewood, of Kingston, who recently broke all Thames records, was a hospital nurse, twenty-three years of age. She swam sixteen miles, being in the water from 9 a.m. to 8 p.m., a feat that is uncommon for a man, and almost unique for a woman. We congratulate Miss Littlewood on her physique, and we are sure that she will only be a better nurse for her cultivation of bodily strength.

A Comparison.

A photograph of three American nurses recently sent to a correspondent leads her to write and urge the adoption of a less tightly-fitting bodice for our nurses. "Most dresses," she writes, "have a tight bodice, curving inwards from the bust to the waist, and thus compressing the ribs, while the American uniform has a pleated pouched front, and 'dipping' waist,

looking neat and smart, and much more convenient for breathing. Another point illustrated by the picture is the splendid erect carriage of American nurses. I wish our nurses held themselves as well."

A Nurse's Invention.

A London nurse has invented a tin lid for covering condensed milk tins when opened to prevent access therein of flies and dirt. The plan is to cut the top of the milk can right off and fit on the tin cap, which consists of a narrow band or collar of metal, surmounted by a flat hinged lid. The shape of this lid resembles the usual illustration of a segment of a circle, the segment being soldered down on to the edge of the collar, the hinge being in the centre of the chord, and the remainder of the circle forming the movable lid, exposing underneath a semicircular flange at a distance of a quarter of an inch from the edge. The nurse says that she has found it useful in the sick-room, particularly when on night duty, to cover a glass or jug of milk or beef-tea.

Drinks that are left standing a long time should be covered up, and for condensed milk cans the idea is particularly good. If the top of the milk can is cut off neatly close to the edge, we see no difficulty, says the *Lancet*, likely to be caused by the flange on the under side of the lid.

Division of Labour.

A table of the number and distribution of the nursing staff at the London Hospital has been sent to us by the Hon. Sydney Holland, and may possibly help to a happy issue a matron struggling with her committee to get an adequate staff.

The table assumes that the entire staff is on duty, which is, of course, never the case. It makes no allowances for those absent owing to holidays—a month to everyone annually—nor for those absent on the fortnightly whole day off, nor for those away for the three hours every day, which is the off-time allowed to every probationer and nurse. Nor does it make any allowance for those away owing to sickness. Annual holidays and sickness would cause quite sixty to be absent on every day of the year.

Midwives Act in Hampshire.

Midwifery matters in Hampshire seem to have got rather into a muddle through mismanagement, judging from the report just presented. It seems that in February, 1904, the County Council delegated their duties under the Act to the several rural and urban district councils, but some of the councils declined to administer the Act on the terms upon which the powers were delegated. In one-third of the districts no arrangements for the inspection of midwives were made at all. This the Committee regarded as reducing the Act to a dead letter in a considerable portion of the county, but those midwives who were efficiently inspected naturally complained of the injustice of their being under inspection while midwives in adjoining districts escaped the control contemplated by the Act.

It was accordingly agreed after a long discussion to revoke the delegation of powers, to establish a central committee under the Council to work the Act from Winchester, the committee to include ladies, and to accept an offer made by the Hampshire Nursing Association through the Marchioness of Winchester to inspect midwives throughout the county during 1907 at a fee of one guinea for each midwife up to 300 and 15s. for each midwife in excess of that number. The Marquis of Winchester hoped by this means the stigma of failure to work the Act would be removed from the county.

Lonely Nurses.

M., a private nurse in London, would be glad to write to any lonely nurse seeking a friendly correspondent.

Miss Ellinor Smith has been appointed Inspector for Wales under Queen Victoria's Jubilee Institute for Nurses. She received her hospital training at Sunderland Infirmary, and was trained in district work by the Scottish branch of the Queen's Institute, holding posts as Queen's nurse in Dundee and Annan. She was then appointed charge nurse to the Notts Nursing Federation, and in 1902 became superintendent of the Somerset County Nursing Association.

JULY, 1906

Total Number of Sisters and Nurses
631

Not engaged in wards 258			Engaged in wards 373	
Private Staff	Out-patients Lupus, &c. Receiving Room	Administration Home Sisters Laundry—Linen Room, &c.	Day 249	Night 124
200	40	18		

Largest number on any day, 805. Average occupied beds, 741. Average number of patients to nurse: Day, 3, Night, 6.

Foreign Criticism.

The Dutch nursing paper, *Maandblad*, publishes an interesting letter from a nurse (presumably Dutch), who spent some time in our metropolis. She laments the fact that so many of our hospitals are situated in the great centres of traffic, an unbroken night's rest being an almost impossible boon, as she was assured by a patient. The unendowed condition of most of our hospitals struck her painfully; she was shocked at the large boards outside these public buildings appealing for contributions. To a foreign mind, accustomed to State endowments, such a state of things seems strange and undignified.

Commenting on the conditions of district nursing in London, she finds that poor families are too often anxious to leave the care of their sick and infirm entirely to nurses, instead of being *taught* by these how to perform various nursing duties themselves. Unfortunately, the district nurses have so much to do that they have no time for teaching the poor such things as the importance of fresh air, well-cooked food, cleanliness, &c., in the care of the sick especially. But the most striking part of her letter, on which we invite our readers' opinions, is her criticism of the "hasty and inefficient, not to say old-fashioned, remedies" employed in this branch of nursing. Notions of aseptic and antiseptic treatment appear to have been forgotten or left behind in the hospital, she observes, whilst (after medicines) the three most usual remedies seem to be "whiskey, beef-tea, and the poultice." The last named comes in for censure: "spread on a piece of rag, so that the linseed comes directly upon the skin . . . . and drying, seldom found in its proper place," instead of more up-to-date methods. Whiskey was given to a baby of seven months in pneumonia, to a child of two years in meningitis, and to an old woman of eighty, "to make her sleep." These and other undesirable conditions in district nursing in London the writer ascribes to the enormous number of persons needing help relatively to the number of nurses, who seem tired and sometimes indifferent. On the one hand, many of the patients, she thinks, ought really to be in homes for the aged, or other institutions; on the other, the number of district nurses ought to be increased.

One naturally wonders with whom our critic came into contact, since the organised district nursing of to-day is so excellent that the instances quoted seem impossible.

The Modern Nurse.

"A Surgical Nurse" has recently published in the *Tribune* a long article not in the best taste. She criticises the medical profession, and accuses it of rash diagnoses and heartless experiments. The article will, however, not do much harm, since it is followed by a short and complete answer from a surgeon. A paragraph on modern nurses is, however, interesting by reason of its practical and un-ideal attitude.

"There has been, owing to the fashionableness of the operation, a tendency to place the nurse upon an imaginary pedestal. There will be seen, I believe, an equally unjust reaction. The nurse is not an angel, an automaton, or a 'natural phenomenon.' If she is fit for her profession she has an aptitude in a certain direction. But it is as absurd to think that she is actuated by the highest motives of philanthropy as it would be to attribute such motives, say, to the average lawyer. The nurse has, if she is worth her salt, certain gifts of punctuality, promptitude, and handiness, which she wishes to turn to their best account in the labour market."

We mentioned recently the resignation immediately after appointment of a nurse at Middlesbrough Union Infirmary, and we are glad that the guardians, after investigation, found her statements as to discourteous treatment quite unwarranted.

MEDICAL NOTES

Diabetes Insipidus.

A curious little suggestion for the relief of some of the discomforts endured by patients suffering from diabetes insipidus has lately been made by a German authority. The leading feature of the disease is, of course, the immense amount of urine which is excreted, entailing the worry of constantly emptying the bladder. On this hypersecretion naturally follows more or less intense thirst, for all fluids drunk by these patients pass away in the form of colourless urine, containing very few solids, almost as quickly as they are swallowed. A further and probably sequential concomitant is habitual failure of the salivary glands; little if any saliva is secreted, and the mouth gets painfully dry. This is the point directly attacked by Posner, the investigator to whom reference has been made. The most efficient means of exciting a flow of saliva is mastication, and he therefore suggests that patients with diabetes insipidus should be caused constantly to chew tablets of rubber or gum tragacanth. He has satisfied himself that by this means so free a flow of saliva can be secured, that not only is mouth dryness, but thirst likewise, entirely relieved, and even the excretion of urine materially diminished, with consequent lessening of the frequency with which the bladder has to be emptied. The patients, therefore, get better rest at night, and are proportionately relieved. The treatment, of course, is purely sympathetic, but as no radical cure applicable to the majority of cases has ever been suggested, it seems worth trying. In any event it is one which can do no harm.

Antimalarial Treatment.

Experiments with quinine in the prophylaxis of malaria carried on among the troops in the German Colonies in South West Africa, have led to conclusions confirmatory of those earlier reached in English tropical dependencies. Of these the

more important for individuals to remember is that the amount of protection gained by taking quinine depends entirely on the quantity absorbed, and not on the quantity taken. The salt of quinine which is assimilated most readily, and to be preferred as a prophylactic, is the hydrochlorate, swallowed as a powder in capsules or cachets. When taken not to cure, but to ward off fever, frequent dosage is not necessary. It is sufficient if a dose be taken every eighth or ninth day; every tenth day is too long, for if a fresh infection has been acquired just after the last preceding dose, the plasmodium may have had just sufficient time to complete its life cycle before the blood is charged again with quinine. Hence young plasmodia may escape destruction and bring about all the ordinary phenomena of an attack of fever. The effective dose in most cases is fifteen grains, and the best time to take it is early in the morning before breakfast. The powers of absorption are then at their best, and there is plenty of time for any unpleasant side effects of quinine to pass off before bedtime arrives. Those in whom such effects are marked can replace the hydrochlorate of quinine by euquinine in 20-25 grain doses. To ensure regularity of dosage it is well for persons exposed to malarial infection to keep a quinine calendar hanging in the dressing-room.

Lung Expansion.

It is curious that at this date our views on such a comparatively elementary consideration in physiology as the mechanism of lung expansion should require revision, but, after Sir William Macewen's Cavendish Lecture on the surgery of the chest, it must be admitted that this is the case. The lungs, as we all know, are elastic, and the generally accepted theory is that they remain stretched and in apposition to the chest wall because the atmospheric pressure acts on their inner surface alone. It is held, therefore, that if this pressure were enabled to act upon the outer surface also, either by the chest wall being perforated or otherwise, the external and internal pressures would neutralise one another, and the lungs collapse, a condition of pneumothorax being established. Sir William Macewen has now clearly shown that when the chest wall is pierced the amount of collapse or recession of the lung which takes place is insignificant; what there is being due to gravity or the weight of the lungs. On the other hand, when a pneumothorax has been established without the chest wall being pierced, re-extension of the lungs is greatly facilitated by opening the thoracic cavity freely. His conclusion is that in normal circumstances the lungs remain expanded owing to molecular adhesion between the two layers of the pleura, aided by the capillary attraction of the serous fluid which keeps the two layers of the pleura moist. The practical nursing corollary is that patients with perforating chest wounds should, pending directions from the surgeon, be kept lying on the injured side in order that the force of gravity may not come into play.

THE MEDICAL JOURNALS

BRITISH MEDICAL JOURNAL, August 11th (429 Strand, W.C. Price 6d.; postage ½d.).

An Address on the Relations of Medical Men to their Patients. By Roderick Maclaren, M.D.

The Present Position of Prostatic Surgery. By James H. Nicoll, M.B., C.M.

A Lecture on a Series of Cases in which Collections of Stones Formed in the Prostatic Urethra. By Charles A. Morton, F.R.C.S.

On the Vesical Sphincter and the Mechanism of the Closure of the Bladder. By Charles Leedham-Green, F.R.C.S.

The Modern Mastoid Operation. By Adolph Bronner, M.D.

The Microscopic Changes in the Nervous System in a Case of Chronic Dourine, or "Mal de Coit," and a Comparison with those Found in Sleeping Sickness. By F. W. Mott, M.D., F.R.S.

Case of Obscure Intracranial Tumour; Meningeal Sarcoma with Extension to Fourth Ventricle. By G. H. Grant Davie, M.B., Ch.B.

Induction of Premature Labour. By A. Humphrey Davy, M.D.

A Hydatidiform Pregnancy. By B. Strachan, M.B.

Antistreptococcus Serum in Empyema. By John W. Ingles, M.B., Ch.B.

The Etiology and Treatment of Oblique Inguinal Hernia. By Capt. S. Lyle Cummins, R.A.M.C.

Transposition of Viscera. By William Dyson, M.B.

THE LANCET, August 11th (423 Strand, W.C.; price 7d., postage ½d.).

A Clinical Lecture on the Hands of Surgeons and Assistants in Operations. Delivered at University College Hospital, by Arthur E. J. Barker, F.R.C.S.

Internal Secretion and the Ductless Glands. By Swale Vincent, M.B., D.Sc. Part I.

The Cure of Chronic Suppuration of the Middle Ear without Removal of the Drum or Ossicles or the Loss of Hearing, with Ten Cases. By Charles J. Heath, F.R.C.S.

On a Form of Amblyopia in Young Children Consequent upon Inherited Syphilis. By Sydney Stephenson, M.B., C.M., F.R.C.S.

The Auriculo-Ventricular Bundle of the Human Heart. By Arthur Keith, M.D., F.R.C.S., and Martin W. Flack, B.A.

A Successful Case of Splenectomy for Rupture of the Spleen; with Remarks on the Diagnosis and Treatment of this Accident. By Graham S. Simpson, F.R.C.S.

Some Unusual Forms of Anæmia in Childhood, with Remarks on Lymphatic Leukæmia (Lymphæmia). By T. R. C. Whipham, M.A., M.D., M.R.C.P., and A. N. Leathem, M.R.C.S., L.R.C.P.

A Contribution to the Plastic Surgery of the Renal Pelvis. By J. W. Thomson Walker, M.B., F.R.C.S.

THE PRACTITIONER, August, 1906 (149 Strand, W.C.; Price, 2s. 6d., post free).

Postpartum Hæmorrhage. By E. Stanmore Bishop, F.R.C.S.

Seven Cases of Hernia treated by the Implantation of a Prepared Filigree of Silver Wire. By Lawrie McGavin, F.R.C.S.

Intestinal Obstruction in Children: A Clinical Study. By Arthur Edmunds, M.B., M.S., B.Sc., F.R.C.S. (*Illustrated.*)

Chorea Gravidarum. By Herbert French, M.A., M.D., M.R.C.P., and H. T. Hicks, F.R.C.S. (*Illustrated.*)

The Surgical Aspects of Colitis. By P. Lockhart Mummery, B.C., F.R.C.S. (*Illustrated.*)

Syncytioma Malignum: An Instructive Case. By John T. Hewetson, M.D., M.Ch., F.R.C.S. (*Illustrated.*)

Two Cases of Branchial Fistula. By Walker Downie, M.B., F.F.P.S.G. (*Illustrated.*)

A Review of Recent Work in Abdominal Surgery. By B. G. A. Moynihan, M.S., F.R.C.S., and H. Upcott, F.R.C.S.

Prize Essay. The Causation of Infantile Convulsions. By H. Harold Scott, M.B., M.R.C.S., L.R.C.P.

THE EXTERNAL EXAMINATION OF A PARTURIENT PATIENT

By A. B. Calder, M.B., M.R.C.S.

(*Lecturer on Obstetrics to the Fulham Maternity School, to St. Clement's Nursing Home, Hammersmith, &c.*)

EXAMINATIONS are of two kinds, external and internal or vaginal, and we will begin by a study of the external method, for the more proficient we become in making an external examination the less frequent will internal examinations be called for. The external method involves no risk, while the internal, no matter how carefully we may try to carry it out, always involves the risk of sepsis, and while such an examination is imperatively required to ascertain certain facts which cannot be learned abdominally, as for example the state of the passages and whether any part of the child has prolapsed, the vaginal examination must be repeated as seldom as possible. An external examination involves the use of our eyes, hands, and ears, the eyes for inspection, the hands for palpation, and the ears for auscultation of the abdominal swelling. Inspection is best made as the patient stands up and note is to be taken whether the abdomen hangs forward in a pendulous belly which in a multipara might not be suggestive of anything owing to the laxity of the abdominal walls, but in a primipara would suggest very emphatically the possibility that the pelvis is deformed. Any obliquity of the uterus would also be looked for. The patient should now lie down in bed on her back with the shoulders slightly raised on a pillow, and the thighs slightly flexed. Continuing the inspection, note any excessive distension as from twins, and if the long axis of the uterus is in the long axis of the abdomen, or whether it is at right angles to it, and while in a fat subject this will be difficult to determine, if the patient happen to be thin useful information may be gleaned. Next, the abdomen is to be palpated, and you are to prepare your hands by thoroughly cleansing them and warming them so that your sense of touch may be as acute as possible, and in order to prevent any spasm of the abdominal muscles which the contact of cold hands would occasion. The hands are to be placed quickly and firmly on three areas of the uterus as it lies behind the abdominal wall, and it is important that the whole flat hand and not merely the fingers should make contact, otherwise the patient will experience a sense of tickling quite fatal to a thorough investigation by reason of the rigidity of the great abdominal muscle which it produces. Conversation with the patient will direct her attention from her abdomen, and will keep the breathing easy and regular and without any tendency to strain down on the abdominal contents during the examination. The three areas which are to be investigated are the fundus uteri, the lower segment, and the neighbourhood of the maternal umbilicus. Sitting by the left side of your patient and facing her feet, place your two hands one on either side of the brim with the ends of the fingers towards the inner end of Poupart's ligament. Ascertain next whether you can get the fingers into the brim, by sliding down the hands as a whole as they press firmly against the lower segment, being careful to avoid any creeping of the fingers along the skin. If the vertex occupies the segment they will experience a check to their descent through the pelvic brim while with a breech presentation much less check will be experienced. In either case between the two hands an end or pole of the fœtus will be felt unless the presentation is a transverse one, and you will determine which pole it is by discovering whether it is globular, and hard or small, not globular and fairly soft, also whether the pole is separated by a depression from the rest of the child, or is directly continuous with it. In the former case you will decide that the head presents, while in the latter that it is the breech you feel. Turning now to the fundus and facing the mother's face you will confirm or correct the impression come to on making the pelvic grip, the non-globular soft breech occupying the fundus in vertex presentations, and occupying it fully so that ballottement of the pole is impossible while the globular hard head will be felt there if the breech presents, and as the head does not fully occupy the fundus ballottement will be possible. When making the pelvic and fundal grips, if you discover no fœtal pole in either locality then the presentation is a transverse one, and the fœtal head and breech will be found laterally in the mother's abdomen. So far then it is possible to say which pole of the child is at the brim and what therefore the presentation is, and now the umbilical grip is to be made to discover the position. Place one hand flat on the maternal umbilicus and press it firmly backwards. This will displace the underlying parts to the sides of the abdomen, keeping the hand in position, palpate the abdomen laterally with the other hand. If the back is anterior and to the left of the abdomen you will discover it by the broad resistance the hand meets with, while at the right side the unresisting liquor amnii is easily discoverable. The back in this position means a first position no matter what the presentation may be, vertex, face, or breech. At the right side it means a second position. Should it happen, however, that the back of the child is not anterior but posterior, as it always is in all third and fourth positions, then the evidence of this is first negative, for the resistance of the back is not felt anteriorly. The positive evidence is the discovery of the four knobs of the child's hands and feet in the neighbourhood of the maternal umbilicus with the resistance in the flank between the chest and iliac crest to the right in a third position and to the left in a fourth. When the face presents the extreme extension of the head brings the occiput against the child's shoulders and presses its chest and abdomen close up to the anterior wall of the mother's abdomen, so that in third and fourth positions the knobs of the hands and feet are par-

ticularly discernible. In first and second positions of the face the lateral anterior resistance of the back is not so easily made out as it is in vertex presentations, and for the same reason, viz., that the extreme extension of the head forces the back to lie deeper in the mother's abdomen. The inspection and palpation of the abdomen being thus completed auscultation of the uterine tumour is next to be made. No instrument is required for the purpose, simply the unaided ear which is to be laid, as you kneel by the patient's bed, on the side of the abdomen where you have discovered the back of the child. The back of the child being its densest part best conveys the sound of the heart-beats, which are heard therefore in front and to the left in first and in front and to the right in second positions, but deep in the flank between the chest and crest to the right in third, and to the left in fourth positions. The sound is not unlike the ticking of a watch, and the ticks are at the rate of about 140—150 per minute. Possibly as you bend your head to lay your ear on the abdomen you may hear your own heart-beats, but going, it is hoped, very much slower than the rate of the fœtal heart sounds. If you have any difficulty in determining which heart it is you hear take your own pulse at the wrist, which will beat synchronously with the heart you hear with your ear if it is your own heart-beats that are heard and not the child's. In first positions, then, the beats are heard forward and to the left, and in vertex presentations below the level of the maternal umbilicus, but at the level or slightly higher if the presentation be a breech. The reason of this is that a vertex sinks into the pelvis, and remains there long before labour begins in a primipara, and at least when labour has begun in a multipara, while this is not the case in a breech presentation. Even when labour has begun there is always tardy fixation of the breech in the pelvis, where it lies over the brim for some considerable time. The heart sounds therefore are heard at a higher level in a breech than in a vertex presentation, at any rate in a primipara, for the lax abdominal walls in a multiparous breech tend to make the child as a whole to lie lower than in a primipara.

(To be continued.)

Muscles and Nerves. By Louis B. Rawlings, F.R.C.S. (The Scientific Press, London, 1906. Price, 5s. 6d. net.)

This is an atlas composed of coloured plates showing the superficial muscles and the principal motor nerves of the human body. The method employed to show these points has been to photograph a well-developed living male in positions calculated to show the muscles to the best advantage; this photograph on the left is faced by a plan on the opposite page of the man with his skin off, showing the muscles and nerves, which are numbered in such a way that the reader has no bother in turning pages. The method Mr. Rawlings has adopted is admirably fitted to convey instruction rapidly, and will be useful to nurses learning massage and medical gymnastics.

Ink-stains may be removed without injuring linen by covering with salt, moistening with lemon juice, and exposing to the sun's rays for several hours. Wash in tepid water without soap.

A CURIOUS MENTAL CASE

An admirable account of a mental and nervous case appeared in a recent number of the *British Medical Journal*, and illustrates the difficulty of judging conflicting evidence, and deciding on the proper treatment. Two Colonial people, a husband and wife, were found to act in a most eccentric manner; they moved from house to house without reason, and each declared the other insane. The wife accused her husband of attempting to murder her; and he in turn stated that she had gone mad through dabbling in spiritualism. Curiously enough, of two doctors called in, one considered the wife insane, the other the husband. The specialist who was then consulted found them sitting tranquilly in the garden, the gentleman, an anæmic man of thirty-eight or so, with a weak face and an air of weariness and indecision, reading a book; while the wife, a plump little woman of about the same age, with bright eyes and intelligent but unsatisfied expression, was doing some needlework. He interviewed the wife, who spoke quite calmly, but expounded a curious theory of spiritual development connected with voice training. She was anxious to raise her husband to the "higher life," but he was very violent. "There was no very definite insanity in all this," says Dr. Mercier. "It is the sort of trash that we hear from members of the Society for the Investigation of Spooks. One hears the same kind of thing from plenty of other silly weak women who have not enough to do, not enough interests in life, and who, for want of healthy occupation and interests, become sentimental and emotional, and plunge into mysticism. She evidently belonged to the class of women who go into convents when they are disappointed in love; who become devotees; who fall under the influence of high-church curates, and embroider for them slippers and braces; who wear hair-cloth chemises; take their tea without sugar to mortify the flesh; and go without breakfast to attend 'matins' and 'prime.' Should they meet with designing spiritualists they fall an easy prey. They are the kind of people who constitute the triumphs of the revival meeting. They are the objects of endless hilarity to their profane brothers; and of sympathetic pity to the understanding physician; but they are not insane."

The husband was then questioned: he, too, had studied spiritualism; but, seeing its dire effect upon his wife's reason, he had tried by violent means to make her give it up.

Dr. Mercier's summing up is admirable. "My researches did not disclose any insanity in either of them. The man was weak and silly, and the woman was silly and weak. They were neither of them fit to be trusted in the streets without a dry nurse. The heads of both of them were stuffed with spiritualistic rubbish, and they seemed to me like boy and girl, who had never before been beyond the precincts of some dame's school, suddenly set down in the great world to fend for themselves. I advised them to rest at the nursing home until they had recovered their

morale and become reconciled to each other, and then to return to their native land. Here I recommended they should carry out a project, often discussed between them, and adopt a child, since they have none of their own. I assured Mrs. X. that if she had a child to dress and undress, to wash and bathe, to feed and cherish and care for, she would soon forget her aspiration to 'develop her spiritual nature,' which was after all merely a perversion of, and a poor substitute for, her unsatisfied maternal instinct.

"If you, Mrs. X., had had a floor to scrub, this barrier between yourself and your husband; this aspiration to develop your spiritual nature; this deifying of a matter-of-fact teacher of singing; these migrations and quarrels, and strivings and yearnings after you know not what, would never have happened. You are suffering from emptiness of life. Get something to do, if it is only scrubbing floors, but get something to do."

She caught eagerly at the notion; she jumped at it. She was ready then and there to drop on her knees and scrub the gravel path if by so doing she could rid herself of her morbid incubus, and resume her place in her husband's affection and her own esteem.

SUMMARY OF MIDWIFERY PRACTICE

In these days it is inadvisable to throw doubt upon the value of asepsis, yet one is always confronted with the fact that so many cases do well with very few precautions. Dr. J. Lindsay, for instance, in describing forty-seven years' midwifery work, inveighs against the present over-attention to a "poor use of antiseptics," and under-attention to "ordinary cleanliness." He seldom used antiseptics, did not shave or wash the parts, or do any syringing, and his results were 28 deaths in 5,845 cases, in only 4 of which "could the doctor's finger or anything about him be blamed."

Dr. Lindsay considers the mild antiseptic sponging of the parts serves no good purpose, but may plant some germs, and says, "I cannot help thinking the midwife is the danger—too much careless washing before and after, and other wicked interference by unskilful hands." He does not like to see nurses uncovering patients for the doctor—"there should be no modesty if it kills, but we have yet to learn that it does. May not so much exposure account for some of the mishaps?"

He concludes: "Nature has provided wonderfully for the safety of woman in her hard hour; we should be careful neither to add nor remove without good reason."

Man is by nature prone to err. If thou shouldest chance to fall, forget not this, striving again to rise. Thyself canst break the straightest bonds of sin, the roughest paths of virtue canst make smooth.—*Confucius.*

"LOOK PLEASANT"

When I became a probationer, a good many years ago now, I heard and read so much of my "noble profession," "ennobling occupation," and the "many opportunities of doing good" I should meet with, that I began to take myself, and everything else, very much in earnest, and to grow into a very solemn young person indeed.

My matron, though "one of the best," was rather of the severe order, and the staff, as is often the case, were all inclined to follow suit. Once, while preparing a patient for quite a slight operation, he asked if he was likely to die, and on my trying to reassure him, he still seemed doubtful, saying, "Then why do you look so grave?"

This made me wonder if my demeanour might possibly be improved upon, but when you have been in a rut for some time, it is difficult to get out of it unaided, and I soon decided to put off even thinking of any change until I had left hospital and was "on my own."

That time arriving, I took a few weeks' compulsory rest while looking out for work. I stayed with friends who listened to my conversation, chiefly culled from lectures and hospital experiences, and who refrained from telling me, what must have been only too obvious, that I was somewhat of a prig, so my half-formed intention of trying to become a little less serious was altogether forgotten or considered unnecessary!

It was not long before I found employment—in a nursing home—and I think it was the very best thing that could have happened to me. We took in everything in the shape of a case that came our way and could pay a fee, and we *did* work. There was no regular time "on" and "off," and all was so absolutely different from hospital routine that at first I used to ask myself, was I *working*, *playing*, or *slaving?* and was I nurse, servant, companion, secretary, or a bit of each rolled into one? When I joined there were in the home a lady under treatment for the morphia habit; another hourly expecting her confinement; a husband and wife, the former under a "heart" specialist, the latter doing a very modified sort of "rest cure," really more to give her an excuse for remaining with her husband than anything else; a young man who had voluntarily undertaken to be practically a prisoner, and not to go out unattended, while trying a much advertised drink cure; and an elderly lady who had been "given up" as an incurable dipsomaniac, and was there in the light of an ordinary boarder, to be restrained as much as possible from evil ways, but on no account to be allowed to make herself a nuisance to her relatives.

The proprietress and I did everything, with only an untrained lady to help us. The rest of the household consisted of a cook and house-parlour-maid, both rather elderly (the cook, I discovered later, might with advantage have undergone one of the cures alluded to above).

These ancient damsels were remarkably early risers, and could always be relied upon to supply anything in the way of "first breakfasts" very

soon after five a.m., the old housemaid being quite useful and trustworthy, too, in a sick room.

The maid, the help, and I carried up the various trays for the regular nine o'clock breakfasts (the proprietress getting them ready), after which I followed her round the rooms taking pulses and temperatures, inquiring as to sleep and symptoms, arranging about food, and how the day was to be spent, as, of course, the patients were not invalids in the usual sense of the word.

The young man with the craving had his morning dose, some newspapers, books, and a promise that later someone should play a game of chess with him; thus was *he* fixed up for the morning!

The expecting lady had not progressed beyond that stage, so there was little to be done for her except to make sure she was carrying out the routine management of breasts and nipples, and taking the routine doses of oil, and to arrange her comfortably on the sofa and suggest a little stroll later on.

The lady with the incurable thirst was a very chatty individual indeed, and I began to grow impatient before my tactful chief managed to get away by declaring, if she stayed any longer she should not be downstairs in time to see to the hot milk this lady always had at eleven o'clock (with the much-prized addition of a teaspoonful of whiskey!). This plea always caused our exit to be almost indecently hastened, a hoarse whisper to "make it strong, dear, make it strong," following us. The morphia case needed the most attention. By day, though exceedingly irritable, she could be kept fairly contented by large and frequent feedings, but at night she could not be left for one second, and on several occasions physical force had to be employed to prevent her doing herself some injury. The habit had got a very strong hold, and it took all her will power and all the help we could give her, to fight it. I may as well say here, she won (after rather a bad time), and though it is some years ago now, has never felt the least inclination to relapse again.

Leaving the help to read to and amuse this patient, my chief went off to put the "husband with the heart" through his "Nauheim," and I to massage the wife, and thus give her an excuse for resting till lunch-time, after which I took the expectant one for her stroll, and then relieved the help.

When next we met, at lunch, I found my chief had not been lazy; she had interviewed the various doctors, played the promised chess, taken our incurable one for a constitutional, attended to the housekeeping, and, incidentally, suggested to the cook that the medicine she was taking for her *throat* should be swallowed at night only, after the work was over, as it seemed to mistake its vocation and affect her *head*. Much later in the day she found time to attend to me, and I came in for a very "straight talk," yet so full of common sense was it, that I, who had more than once already recognised my superior up-to-date knowledge, *could* not be offended, though she, who counselled, had, in my opinion, been trained in a prehistoric period. She began by insisting most emphatically that nervous and other smaller and so-called unimportant cases were every bit as well worth studying and attending as the more complicated and uncommon ones. She noticed that I possessed that most excellent virtue, patience (I had a grave stolidity that passed as such, I suppose), but also, that I sadly lacked that equally excellent thing—a cheerful manner.

She went further; she placed me in front of a mirror, and made me note how vastly my countenance was improved by a smile, and suggested I should immediately begin to practise looking cheerful, not only because if I looked it I should soon come to feel it, but also because it would help me in my profession, and help my patients too.

Well, to cut it short, I did practise this new art, and apparently with some success, as when next I stayed with my friends, I heard on all sides, "How different you are now," "You always seem happy," "I suppose they worked you too hard in that old hospital," &c., &c. My chief was right; with a cheerful face my disposition seemed to alter for the better, and I began to realise that the world is a pleasant place, and the people in it a pleasant people.

I learnt, too, that it is not only skill and precision, and book knowledge that we want, but the power to get outside ourselves, to forget ourselves, as it were, and to live, for the time being, in the sorrows and joys of our patients, and to remember always, besides the actual discomfort, it is such very dull work being ill, and that a diseased body often makes the mind a little crooked too.

On the whole, this was a very happy and useful part of my life, though I was more than once told I was "wasting time," and accused of "lacking ambition," for I could count on the fingers of one hand the what are known as "good cases" I had during it. Sometimes we were so busy it seemed impossible to get through all that had to be done, but then, when we were slack, there was no wailing or groaning; we were encouraged to "laze" and enjoy ourselves while we had the chance.

The help and I worked on a salary and commission on all receipts. The books were open to us, so we each felt the home and its interests our very own, and it was with real regret that I left it, owing to a severe attack of the "complaint of the age"—love of change.

This complaint has since driven me over a good bit of the world, but even now, when being interviewed by a new patient, I think of the words I heard so often there:—

"Look pleasant, nurse; look pleasant."

W. W.

Do not suffer your imagination to dwell upon the things which you want, but upon those advantages which you possess. And of those advantages select those which afford you the greatest pleasure, and consider how earnestly you would wish for them, if they were not in your possession.—*Marcus Aurelius.*

NURSING IN SOME SWISS HOSPITALS

My first introduction to a Swiss nurse was in the "private section" of a big town hospital —some 450 beds. Being able-bodied, I climbed many flights of stone steps, to emerge at last on a broad corridor divided by glass doors, shining linoleum under foot, snowy enamelled walls and ceiling, and here and there a palm or fern.

In one of perhaps a dozen little white rooms was my "private patient." Imagine a high white bed on wonderful springs, exquisite linen, double windows open to the garden, little table and wardrobe of polished pine, long couch and easy chair—there was a savour of hospital in the cleanness of everything, and yet a dainty luxury that one was not somehow prepared to find. And not a medicine bottle in sight. (I once asked an English probationer to put the bottles away, and her astounding reply was, "Why, there will be nothing left to look like a ward!")

My æsthetic sense felt as if it had been stroked, and in a moment the door opened and the presiding genius appeared, or at least one of them, for there were two. Such a charming face! Thin, and a little lined, very gentle, with brown hair parted away under a stiff white hood tied with the quaintest little bow under the chin; dark blue cotton frock and cape, and white apron. I was introduced to Sister (let us say) Marie, and a minute after to Sister Katerina—round, rosy, smiling, smooth-haired and brown-eyed, with a courtesy that any duchess might have been proud to own.

As I grew to know them better I learnt many things of Swiss nursing. These two belonged to a Protestant sisterhood, and took certain vows before their training—which, however, might be revoked in given circumstances. They trained for a year in a "school hospital" (lectures, practical work and nursing, but no examination), and then became "deaconesses" and entered at once upon sisters' duties, taking at first the less responsible work. They are never paid. Under them work "waitresses" or "waiters" trained by the sisters to a certain proficiency; and the roughest work is done by servants.

There is one other school of Swiss sisters—the "Roth-Kreuz"—having its own training hospital, also for a year's course; but the Roth-Kreuz sisters are secular, take no vows, and are so independent that they may even leave a post if they do not like it! Between them, and often together, these two sisterhoods nurse all the hospitals in German-speaking Switzerland. There is no woman over the deaconesses—nothing to represent in the least degree our hallowed "matron." Strangest part of all, the entire sisterhood is governed by a man, and that man a Lutheran pastor. (I wonder if he shares in "that divinity that doth hedge a king," which I have always felt to be as nothing compared with the divinity that doth hedge a matron!) From his office at the training school he works the sisters all over the country like puppets. He pulls a string, and Sister So-and-So is sent to Berne, So-and-So transferred to Zürich, another to Aarau or Lucerne, this one to children, that one to adults or special work, and so on.

I think the "private section" impressed me more than anything in this big hospital; though the second and third class patients seemed to be equally well off, except that they were two or more in a ward. The great theatre was well up to date, with its many beautiful steam sterilisers, its automatic dressing-caddies opening by a pedal, its drained floor, tiled amphitheatre, sterilised overalls, steam-heated table, &c. The kitchen was vast, and gloriously up to date too; and the great laundry was most striking, occupying as it did with all its appurtenances, electric sewing machines, and so on, one whole block of the building.

Sisters do no mending—that must, I think, be a load off their minds! Neither do they make beds as we count bed-making. I mean, though they are scrupulously careful that the bedding shall be aired and the linen clean, there is not that exact and minute art about it that instils despair into the young probationer in London. How could there be, with no counterpane, and its place taken by that appalling thing, a *duvet* (quilt)? Neither (low be it spoken) do they wash backs in our systematic manner, relying rather on ring pillows. Yet somehow things don't seem to go wrong, and the patients look as clean and bright as new shillings. On the other hand, I think perhaps the food, though equally plain, is more daintily served than is usually the case with us; and I was overjoyed in a children's hospital to see the babies' bottles, each filled with cold water, the nipples separately in their little glass-stoppered jars, numbered and ranged in order. One rule struck me as very surprising—no dressings, except those of absolute necessity, done in the wards. There is a men's dressing-room and a women's dressing-room; and here is brought even the eight days old laparotomy on a trolley!

In respect of "smartness," that all-embracing esoteric term, I think one feels that we do indeed bear away the palm. I have seen but one Swiss hospital, the nursing details of which I could remotely call "smart"; and yet, bed for bed, one must remember that they are contrastingly understaffed. The noble exception was a very modern women's hospital. It was bare of all save the most absolute necessities of enamel and glass, and painted, furnished, and hung entirely in white—a white paradise I think it must be to the patients. The immense windows were curtained from the sun by white muslin, which let in light enough, as we were laughingly told, "to kill a germ in five minutes." The tiny rosy babies were swathed in white flannel and shaded with white dimity, and the beds were reasonably neatly made. The nurses and students washed their hands by a five-minute sandglass, and one could have eaten one's dinner on the tiled stoke-hole floor. This last certainly is a triumph, as I had the pleasure of pointing out to the director, which could not well be achieved in the neighbourhood of our English coal. It is unpleasant to feel behindhand, even in the matter of the stoke-hole!

This hospital also was nursed, in addition to its own trained midwives, by the Protestant deaconesses. Swiss sisterhoods are, I think, mainly recruited from the respectable middle classes, though very occasionally girls and women of the upper class may now be met in their ranks. But from one and all, whatever their social status, I have met with unfailing dignity, gentleness, and courtesy.

A WRITER OF THE PAST ON "NURSES"

I READ with great interest the other day an article in an old-time magazine on Florence Nightingale and her work—year of publication, 1861. The anonymous writer held high, and in those mid-Victorian days idealistic, views of the future of nursing. In some respects the forecast has been already more than realised, in others how far does the reality fall short of the prophecy! "Miss Nightingale's plans," writes her enthusiastic admirer, "will open the door to women of mind and good education, who will find here a true sphere for the exercise of that useful industry which is the safest road to happiness; in fact, when Miss Nightingale's training is faithfully carried out, the 'Nurse,' either in the hospital ward, or the domestic sick chamber, will be considered in importance and utility only second to the Physician." The "Physician" in these days is apt to conjure up to himself a picture in which the nurse does *not* occupy a secondary position, but the suggestion has none the less proved itself true in fact.

A curious light is thrown on the type of woman hitherto accepted as a sick room attendant. My author says:—"It is scarcely requisite to state that none but women of unblemished character are permitted to enter on the work. All applications on behalf of late inmates of penitentiaries or reformatories, of all kinds and descriptions, are declined. The first offence of dishonesty, and at the very farthest, the third offence of inebriety, results in 'irreversible dismissal.'" Then comes the following aspiration. "After a very short lapse of years, we shall not only no longer dread the coming of a 'Nurse' into our home as the entrance of discomfort or discord, but look forward to her sojourn as a time, not only of returning health to the dear object of our anxiety, but as also renewing the healthy atmosphere of our social life, which depends for its well-doing and happiness on so many influences—extending from high to low. Nay, in time, if not just yet, the Nurse of the sick room may be, without humiliation to the host, the guest of the parlour; where information as to the progress of the Patient will be asked and given; where discourse will be comforting or consoling; and where consideration and advice will be for mutual good."

It is good to look back into the mirror of the past, and in such a contemporary picture of what was hoped for from nurses five and forty years ago see how much yet remains to be achieved before our ideal nurse can be evolved.

PRISONERS

AROUND is a world of green and red—high waving grass and poppies; above, the clear, unadulterated blue of a summer sky; and in one's heart, peace and forgetfulness of the round of daily work. Yet the lark's lyric song that charmed at first brings with it a vague irritation; only half-consciously one's mind turns the problem over and over, till at last, with a start, comes the answer, and the gladness of the day vanishes. Suddenly the song has brought back the hot, crowded streets, the smell of cooking in stuffy kitchens, the screams of the untidy children playing in the gutter, the harsh scolding of an overworked mother—the sights and sounds of the poor district which is one's field of labour all through the year, with the exception of this golden fortnight. And all because in the worst street of all hangs a little cage in which another lark sings all day—not in a summer sky, but behind the bars—a song that may sound happy to the ignorant, but is full of tragedy to those who realise the misery of that tiny bird-heart.

So the remembrance of human cruelty has taken the colour from land and sky, the melody from the lark's song, and one sits up wearily to ponder the problem. What a life-work to liberate the thousands of poor feathered creatures imprisoned in miserable cages!—to be the Wilberforce of winged slaves! The black slaves had homes and friends and hours of freedom after labour, but these are worse than slaves, for they suffer the same punishment—imprisonment for life—as our basest criminals. What a sin—against reason, against nature, against God—to shut up in a tiny cage these very creatures made for movement, for wild flights, for the boundless freedom of the sky. What ignorance not to recognise the tortures of the little soul condemned to hop from floor to perch, to strive for ever to reach the blue through those cruel unyielding bars. Sometimes a sickly sentiment attempts to condone the cruelty, as in the case of the cripple's mother, who tells you that it is "Willy's greatest joy" to feed his bird and to listen to its song. Is Willy so thoughtless? Has not his heavy chain of incurable disease taught him sorrow for others, or does he hold an unhappy prisoner for his own daily pleasure? Poor Willy! In time, perhaps, he will undo that door, as death will by and by undo for him the door into the light.

And so I come back to my old idea—how long before the law-makers—humane men, let us hope—will make punishable the imprisonment of British birds? They are now too busy with education and armaments to consider the sparrows, and the day, though it will come, is far distant. Meantime, what may we do? If our Queen, who is so kind to dumb animals, made an appeal and stated that she would look upon the liberation of a captive bird as a personal favour to herself, would not her word weigh with her loving subjects? She, too, perhaps has so much to do that she cannot add this labour. But cannot we

humble, hardworking district nurses start the great work?

The poor are the worst offenders, and into the homes of the poor, perhaps, the most welcome guest is the nurse. She is no preacher, no sentimentalist, and her word carries weight. What if all of us banded ourselves into a society—the Winged Slaves Liberation Society? Funds might be collected to buy the birds of those who would not give freedom without compensation, but more might be wrought by a serious word, a little teaching to those who are not cruel but only thoughtless, till with their own hands they gave their captives liberty. Can the district nurse add this to her many labours? I throw out the seed, hoping that it may bear fruit.

Q. V. J. N.

SOME BOOKS FOR THE HOLIDAYS

I HAVE only one new novel in the packet I am despatching to a friend who is basking in the sunshine on the lovely cliffs of Ravenscar, far from booksellers and libraries. But I do not think she will mind, for novels are to be got all the year round, but good descriptive or thoughtful books are not so common.

My novel is one of the cleverest recently published, "A Man of Property," by J. Galsworthy (Heinemann, 6s.). It concerns the life of a typical London family, and has story enough in it to be very interesting; but its chief quality is the remarkable character-drawing and the ironic insight into ordinary human feelings and motives. Mr. Galsworthy has been compared by several authorities to Thackeray, and this is such praise that I need say no more.

I have also put into the parcel two of Heinemann's excellent 6d. series of reprints—"On the Face of the Waters" and "The Bondman." They are small and conveniently carried, and may be left behind on one's return without scruples as to extravagance.

Two other books in my list are delightfully descriptive, and carry one to Europe. One is old-fashioned, "Serf Life in Russia" (Heinemann, 6s.), chapters of a girl's life in the middle of last century, just before the liberation of the serfs. There is nothing exciting in them, yet so well and so naturally are they written that even the childish thoughts and experiences are never dull, but bring up a vivid picture of child-life in feudal Russia.

"Felicity in France" is very modern—the breezy sketches of a young English lady travelling in the interior of France. There are political allusions and sympathetic references to the banishment of the religious orders. One of the most amusing descriptions is that of the boarders at a convent, depicting that "type" which is familiar to us in Bayswater. The whole book is bright and witty.

I have reserved to the last "The Thread of Gold" (John Murray, 8s. net). It is for more thoughtful moments. The author, whose kindly and nature-loving personality is not divulged, aims at setting down "only the things that appear to him deep and strange and beautiful"; a clear well under the trees, a flower on a hillside, a ruined chapel, and the thoughts these and similar things awaken in him; the mystery of suffering, human or animal; the joy of nature, the comfort of belief. It is a beautiful book.

BABY

BABY came in a great hurry one morning, and although the sun shone warmly and brightly outside, there seemed a chilliness somewhere that made everybody feel as if baby had come to the wrong place, and was not wanted.

Baby had parents, of course, but then they had been forgetful of his rights, and seemed to have the same instinct that a certain other baby's parents had long ago, only in baby's case there were no bulrushes to hide him in. Still, he must be hidden, right away, so what was to be done? Poor baby seemed to know this, and the wondering, pathetic look in his big blue-grey eyes grew and grew as the days went by.

Even tiny babies make friends, and our little man was no exception to the rule; but the friends he made were not those who look upon babies as of no importance; so they tried, again and again, till they found a home for him, where there would be strong arms and a kind mother-heart to care for and love him. The little nest was already nearly full, but there was just room enough left for baby to creep in, because he was so small.

Another morning came, and again the sun shone warm and bright; but indoors it seemed colder and more cheerless than on baby's birthday two weeks ago. This was the day for baby to be hidden away in his new home, and someone was coming for him soon; but no one looked happy about it; even baby himself seemed different; he looked so pale and wistful, and had little blue lines round his mouth; but then he had not been quite so bonny for a day or two, and did not take his food so readily.

The hours passed by. Baby grew less and less like himself; his little fists were tightly closed; his eyes became more glassy; and the poor little body was painfully convulsed; and still the day sped on.

It was evening, and the shadows were falling around. Everything seemed ready for rest, and a peaceful stillness filled the room. Baby was quiet now. He lay in his tiny bed quite still, as though he were waiting for—he knew not what; but we knew; and presently he gave a tiny sigh, a shudder passed through the little frame, and then he closed his eyes and stretched out the baby limbs for the last time. And we who stood and watched him knew that the "Someone" had come very, very quietly and taken him away to the Home that had been waiting for him all the time.

J. P.

THE BRITISH SEAMEN'S HOSPITAL, SMYRNA

A FEW minutes' walk from the railway station in an open part of the town, is situated the British Seamen's Hospital, at Smyrna. A garden gate over which flies the Union Jack, leads into a bright garden, which is the delight of the nursing staff. The hospital building is of solid stone, and a few marble steps lead into the entrance hall, which is also paved with marble, and has a handsome polished oak staircase. On the right is the doctor's consulting room and surgery, on the left the waiting-room, dining-room, and other offices. The surgery and dispensary are used every morning from 10 to 11.30, when the staff dress wounds and dispense medicine for between fifteen and twenty out-patients daily. These are mostly poor Greeks and Turks and Armenians, also employés of the Ottoman Railway Company, and some sailors of English merchant vessels. Private patients are taken in at a very moderate rate.

Upstairs there are six wards. The building is in the form of a square, with an open court in the middle. A corridor runs all round the square, and the wards open on to this corridor, which is sunny and bright, and filled with plants and flowers. It has a polished floor, and there are birdcages here and there in the windows, which give an air of cheerfulness and homeliness to the place. In fact, the homeliness of this hospital always strikes visitors. The work is most interesting, for there is a little of everything, and the nursing staff have just enough work to keep them cheerful and in good health. There is a small operation-room, and very good work is done in it. During the year there have been several cases of hernia, one or two abdominals, and, in fact, a little of everything. There are about a dozen babies born here every year, so that a nurse trained here for three years gets a general knowledge of all branches of nursing, and a working knowledge of dispensing. The probationers are trained for three years. The first year they have no pay, only uniform; the second £12 and uniform, and the third, £24 and uniform. At the end of their training a certificate is given them which will help them to get good posts either in Athens, Cairo, Constantinople, or any place about the Levant, the knowledge of languages helping them where English nurses will fail. Besides the resident surgeon, several other doctors from the town visit daily. The dispensing is done by the sisters, and it is work they take a great interest in. This year there will be a new operation-room built, and the nurses are going to take over the doctor's house, which is built in the same grounds. This will be a great improvement, for though the sisters and nurses have very comfortable rooms, these are urgently needed for the increasing number of private patients.

The nursing staff is composed of an untrained matron, who is like a mother to all the nurses, two trained sisters, two probationers, and three attendants, one male and two female. When the present head sister first came, about six years ago, there was only one sister and two attendants, and very little work, only one or two patients in at a time. During the year 1905, however, there were 3,108 out-patients, and 461 in-patients. There will be a big increase this year also. The mountain Turks make very good patients, and are very brave and resigned, taking everything as the will of "Allah," but one great trouble is that if a limb has to be amputated they will not consent to have it done. It is a matter of religion with them, as they believe that a man who has had a limb taken off will go into a second class heaven. There is a young man now in hospital who met with a fearful accident, and the doctors all advise amputation below the knee, but both he and his father will not consent, so the poor fellow has to drag on a wretched existence.

This winter a matron from one of the London hospitals was over in Smyrna, and she paid this hospital several visits, and was also present at an operation for the removal of cataract in the eye. She was most pleased with the way things were done, and the cleanliness and sterilisation of the patient and dressings before work was begun.

G. W.

THE STAFF.

WOMAN'S WIDER WORLD

A Notable Book.[1]

To bring before the public the economic position of working women and the abuses connected with much of their work is the aim of "Women's Work and Wages," a book whose three authors are well qualified for the task, being Mr. Edward Cadbury, a managing director of a firm employing between two and three thousand girls; Miss Matheson, who has been intimately associated with girls' clubs, has acted as a school manager in London, and has conducted for the Board of Education inquiries into the provision of technical education for girls; and Mr. George Shann, M.A., who worked as a factory hand before going to Glasgow University, where he graduated, and who is now Warden of Glasgow University Settlement. The investigations cover a period of three and a half years, and are confined to one city, Birmingham, which offered a field of many trades carried on frequently by small employers. The information has been obtained by personal interviews with over 6,000 working women, interviews with over 400 Trades Unions' secretaries, managers, and foremen of works employing women, and with employers, and from inquiries at girls' clubs, and other philanthropic agencies. The aim is to provide a definite standard of comparison to guide future investigations, to ascertain to what extent present industrial conditions help forward or retard the physical, mental, and social conditions of the workers, and to indicate lines along which reformers will obtain the best results.

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The most discouraging fact in the work of reform is that the majority of women's trades must be classed as unskilled. Many girls will not learn a trade because they hope to marry and have no necessity to earn a living; but, as the authors say, the vast number of married women working in factories in Birmingham ought to have a sobering effect on such speculation. However, that reason is only one of many. Usually a girl drifts through ignorance or inertia into the first work that offers. But there is the economic side; often the poverty of the home necessitates immediate earnings, or, unfortunately, the parents' greed or lack of foresight prevents a girl from entering trades requiring apprenticeship. The most widespread influence, however, is that of rigid class distinction. Most kinds of work are done by a distinct class of girls, and in most cases a girl's class is fixed before she starts work. The question of caste is more important in the eyes of the more refined girl than financial prospects, and naturally the greater number seeking to enter the more "fashionable" trades has a depressing effect on the wages.

In the professional branches, especially teaching and clerical work, aimless competition and ignorance of economic principles have done much to lower the conditions of work and salaries. In the nursing profession some hospitals have deliberately lowered their salaries to secure a higher class of applicant with private means, which introduces the harmful competition of the subsidised worker. In the trades, women doing the same work as men get, on an average, one-half the wage of the men, the wage not being proportionate to the skill or intelligence required, but approximate to a certain fixed level—about 10s. to 12s. a week. But it is only in a few trades, such as typewriting, clerical work, and shop assistants that one finds girls working for a pocket-money wage, and thus content to take away the living of others for the benefit of unscrupulous employers.

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One fact elicited by the investigation is the thoughtless way in which both the women workers and the employers take women's work, its conditions, and wages for granted. The woman earns less wages than the man, not because she produces less, but simply because she is a woman, and she is willing to accept the inferior position. In many cases the wage is below the level of bare existence, and the worker has to receive aid from the rates or from some charitable society, while the employer reaps the benefit. Women are fettered by the customs, standards, and traditions of the past, and their present unsatisfactory state is due to their general subjection, lack of education, and consequent narrow outlook. Few women appreciate the agitation for political privileges—the pathetic drudgery is accepted as natural. "The relation of women's low wages to early and improvident marriages, and to that dread trade which one hesitates to mention, would probably be interesting lines to follow."

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Charity on the sweating system is also discussed (some district nurses, missioners, &c.), where the wage is kept low because the worker may live at home, or get help from relations, or spend holidays with friends, all of whom indirectly pay for the work. Few men would like to think that they are educating their daughters at the expense of another man, or that their office expenses are kept down through charity. But in fact all classes of women workers have to accept this downward pressure as inevitable, and naturally many sink step by step.

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As measures towards reform, the writers hope that the apprenticeship or trades schools which have already been so successful on the Continent will be extended to England; for anything that would tend to decrease the supply of unskilled labour would tend to increase wages. Also, while highly appreciating the value of the work done by the teachers in girls' clubs, they would venture to hint that the teaching would have still better effects if combined with "more instruction in civil matters, if the girls understood more fully

[1] "Women's Work and Wages." By Edward Cadbury, M. Cécile Matheson, and George Shann, M.A. (London, T. Fisher Unwin.) Price 6s.

the possibilities of making the best of life." They need a "knowledge of their rights and duties as citizens, and a sense of their responsibility as human beings in order to benefit by the safeguards which they possess, and make a better use of their gifts and opportunities." The establishment of Wages Boards (as already working in the Colonies) to fix a minimum rate of wage would help greatly. The unemployable would thus gradually get sifted out, and be more easily dealt with than the great population of half-paid, half-unemployed that now drags down the mass. The authors insist on the value of these as immediate palliatives and as steps towards more radical remedies.

DRIFTED HOME

THEY were after him. He could hear the shouts of "Stop thief!" behind. Like a hunted animal he glanced from left to right, seeking for some shelter from the swiftly-following foes; but none appearing he turned down a side street—a narrow winding street, where all the houses were alike, in build, in dirt, in ugliness.

He was a middle-aged man with a clean-shaven face through which the dark hair was growing, and giving a more dirty appearance to the otherwise grimy face; his clothes were old and rusty, and he was without a cap.

At the end of the street the roadway narrowed and passed under the railway arches. As he stood hesitating for a moment, a goods train came slowly to a stand-still above him, stopped by the red signal on the left of the roadway. Above the noise of the escaping steam he heard the cry of "Stop thief!" and a sudden idea flashed into his brain, which he at once proceeded to act upon.

Climbing the low fence he ascended the embankment, slipped beneath the buffers to the imminent danger of his life, and climbing upon a truck covered with a tarpaulin, secreted himself underneath upon some sacks of lime and cement, lying panting and exhausted upon them.

Slowly, very slowly, to the accompaniment of much whistling and crashing of buffers, the train made its way out of the streets and houses into the green fields and villas of the suburbs; and later, though the fugitive knew it not, for he had fallen asleep, into the open country.

He was roused from his repose by the shock of a sudden start, and raising the corner of the tarpaulin, found himself in a region of hills and wooded valleys, rich country where the cattle chewed the cud, knee deep in the rich dark-green grass growing beside the reedy water-courses; with old farmhouses showing their lichen-covered tile roofs among the rounded tops of the trees, heavy laden with the thick leaves of midsummer. And to his nostrils there came the sweet scent of hayfields and the odours of innumerable flowers, blended into that never-to-be-forgotten fragrance which haunts our happy earth when June is near its close.

Suddenly he raised himself on his knees, careless of the risk of possible discovery, and gazed down into the valley beneath the high railway embankment with astonishment written on his depraved face.

Surely he knew that old inn with the pond in front, where the white ducks were swimming, and the bench outside the door where two farm labourers were drinking pots of beer and eating bread and cheese. Surely he knew that row of cottages with the rose-covered porches and the latticed windows under overhanging eaves. And—no—yes, it was!—the church away there in front where his mother's grave was. Where he had stood many, many years before and heard the clatter of the falling earth upon the black box below.

Oh, to be there! To be a boy again at home, and the dark stained past wiped out of existence! He felt there was only one Heaven left for him now—to be beside that grave and among the familiar things once more.

One look along the train towards the guard's carriage, who was looking out the side away from the village, and he rose to his feet, flung aside the tarpaulin, and jumped as far out as he could.

Over and over he rolled down the steep embankment, among the long grass that stayed and broke his fall, down to the ditch at the bottom, where he lay for some moments unconscious.

When he came to himself the train had gone and all was very quiet, save for a skylark singing over him. He felt a great pain in his side which hurt him when he breathed, and the hour of death to the tormented man seemed to have arrived. With it there came a great longing to die on his mother's grave.

Dragging himself from the ditch he crawled like some wounded rabbit across the field, making a wide trail in the grass behind him as he went.

With many a groan and rest he at last reached the churchyard wall. Raising himself by his arms until the top was reached, he slowly crawled, or rather fell, over it, and then the pain, want of food, and utter weariness of soul overcame him, and he laid unconscious in the shadow of the wall, while the bees hummed over him; the sparrows twittered at the prone figure, and the white clouds sailed on across the blue, but the wind that blew them onwards awoke the injured flesh to consciousness and pain.

He crawled through the grass to his mother's grave. It was but a hillock with a small stone at the head of it, dissolved by the rains of years, yet bearing still, as he soon saw, the name and age and year of her death, and two lines his sister had chosen:—

> "I am weak, but Thou art mighty,
> Hold me with Thy powerful Hand."

He cast himself upon the soft turf that had overgrown it, and the feel of it was sweet as once that dead mother's own breast had been.

Presently he heard footsteps approaching, heralded by the creaking of the gate in the old porch, as the person entered the churchyard.

He did not stir, and presently a pleasant female voice asked:—

"Come, my man, what are you a-doing of on that grave?"

Receiving no answer she asked again, somewhat more sharply:—

"Come, come, it's the grave of an old friend of mine, and I cannot allow you to make a bed of it."

As she said this the man turned his head, and looking up curiously at her said:—

"An old friend of yourn, did you say, mum?"

She was a pleasant-looking woman about fifty, dressed very neatly and quietly in black, inclined to be stout and of a rosy complexion, whose voice had in it those tones of tenderness and of pity that are the prerogative of no rank or station in life, but are the gift to a happy few of earth's inhabitants.

"Yes, my man," she replied; "the dear creature who rests below was almost a second mother to me, and this grave is very dear to me."

The man tried to sit up, steadying himself on his arm, but groaned as the pain tortured him afresh at the movement, his bleared eyes looking up into the clear, calm eyes of the face bending down above him.

"What might your name me, mum, if I may take the liberty of asking?"

"My name is Mary Bennett, and if so be you used to know this village——" She stopped, for a sudden look of surprise, shame, and yet gladness, came into the face of the man beneath her.

"Mary," he asked, his voice trembling with emotion, "don't ye know Tom, as yer used to keep company with years ago?"

"Tom? No, never! And is it, indeed, your mother's grave you are resting upon?" Then stooping she laid her cool hand upon the fevered brow, and looked close into his face, so marred with the image of the beast.

"My poor boy," she said, "are you ill? Come home with me. Never shall it be said that Mary Bennett has not a home for her old friend's son in his sorrow and illness."

"No! no!" he said; "let me be and die here. I ain't no good to nobody. I wish the A'mighty had taken me years ago, I do."

And his head sank face downwards on the turf and watered it with his tears—the first for many, many a long day.

"Hush, Tom," she interposed, "don't talk like that. Come, let me help you to rise. My house is near by, and no one will see you."

And with the calm decision of a woman used to order matters, she held him by the arm, assisting the poor fellow to his feet, even as his own mother might have done, and led him to her cottage near the churchyard porch gate.

The weeks sped by, and Mary Bennett nursed the man, her old lover, with all the simple, loving pity of her honest nature, her quiet, self-sacrificing goodness winning the poor degraded fellow back to a belief in the higher things which he had once held, in years far back by his mother's side.

One night she sat watching by his bed-side, the solitary candle casting a faint light upon the haggard face on the bed, and upon the quiet figure with folded hands, who sat and watched, perhaps prayed, for the soul fast passing to the silence of the Unknown.

He was wandering, and old times came back to him as they always do at the last.

"Do you remember, Mary," he asked in a faint, broken voice, "that day when we was in the cornfield, and mother come along and said, 'Where be that boy of mine got to? A-flirting with that chit of a girl, Mary Bennett, I'll be bound.' And how you pulled me down, and we hid among the corn, and she never found us?"

"Yes, Tom, I remember. We were very foolish then."

With calm monotony the clock on the wall ticked on, and the breath of the dying man came in gasps and flutterings, as though Nature was tired and her strength was failing.

Softly Mary wiped the ashen face and brow, and moistened the parched lips with brandy, and slowly—it seemed the slowest night of creation—the dawn began to show in greyish light.

Suddenly the man's eyes opened, and he said in a weak, broken voice:—

"Do you remem—ber, Mary, we—were in—the—cornfield and mother—mother—mother—God bless her—and forgive me!" For a time he was silent. Then again came the voice more feebly:

"Do—you—remem—ber—Mary—?" And suddenly came the passing, which we, in our ignorance, call Death.

The woman rose, drew aside the blind, and looked out upon the familiar landscape, now half swathed in mist, and shook her head, saying softly to herself:—

"Ah! deary me, deary me!"

And raising her apron she wiped away a tear.

NURSING IN THE 'SIXTIES

An overhauling of old documents in the Chorlton Union recently brought to light reports which show in sharp contrast the nursing arrangements of Poor-Law hospitals forty years ago and now, much to the advantage of the latter. In the 'sixties the Chorlton Board were advised that one highly-trained nurse was sufficient to have control of 80 or 90 patients, assisted by under-nurses picked from the inmates, in the proportion of one to every fifteen patients. The Guardians were also gravely informed, at the same time, "that the use of crinolines by nurses on duty should be strictly prohibited, it being a great hindrance to them in doing their work and very inconvenient while passing between the beds." This was forty years ago. Now there is by day a paid nurse in charge of eleven patients; by night there is a paid nurse to every twenty-eight patients; and, in the case of those who require watching day and night, to every eight patients. No pauper inmate takes, of course, any part in the nursing of the sick to-day. The strength of the trained staff at Chorlton, it will be seen, has been advanced, in the interests of the sick, about sevenfold.—*Poor Law Officers' Journal.*

Accustom yourself to attempt those things which perhaps you despair to perform. For you may observe, that the left hand, which for want of exercise is useless in regard to other things, yet by being accustomed to it, holds the bridle more steadily than the right hand can do.—*Marcus Aurelius.*

HARRIET MARTINEAU—AN APPRECIATION

It is well worth while now and again to go back, as it were, and study the biographies of women who in the past have opened the way and smoothed the path for those of the present generation, in their striving for recognition and equality of citizenship with men. Miss Martineau's autobiography is a book every thoughtful woman should read. Her temperate and sober way of expressing her firm convictions on burning questions affecting women are a lesson to us, who are apt to think the time is very long, and progress very slow. Speaking on "The Woman Question," she says:—

"Nobody can be further than I am from being satisfied with the condition of my own sex under the law and custom of my own country; but I decline all fellowship and co-operation with women of genius or otherwise favourable position, who injure the cause by their personal tendencies." . . . And again: "The best friends of the cause are the happy wives and the busy, cheerful, satisfied single women, who have no injuries of their own to avenge, and no painful vacuity of mortification to relieve. The best advocates are yet to come—in the persons of women who are obtaining access to real social business—the female physicians and other professors in America, the women of business and the female artists of France; and the hospital administrators, the nurses, the educators, and substantially successful authors of our own country. Often as I am appealed to to speak or otherwise assist in the promotion of the cause of Woman, my answer is always the same:—That women, like men, can obtain whatever they show themselves fit for. Let them be educated—let their powers be cultivated to the extent for which the means are already provided, and all that is wanted, or ought to be desired, will follow, of course."

Miss Martineau believed in the power of women to help themselves:—

"Whatever a woman proves herself able to do, society will be thankful to see her do—just as if she were a man. . . . If capable of political thought and action, women will obtain even that. . . . The time has not come, which certainly will come, when women who are practically concerned in political life will have a voice in making the laws which they have to obey; but every woman who can think and speak wisely, and bring up her children soundly, in regard to the rights and duties of society, is advancing the time when the interests of women will be represented, as well as those of men. I have no vote at elections, though I am a taxpaying housekeeper and responsible citizen; and I regard the disability as an absurdity, seeing that I have for a long course of years influenced public affairs to an extent not professed or attempted by many men. . . . The better way is for us all to learn and to try to the utmost what we can do, and thus to win for ourselves the consideration which alone can secure us rational treatment."

In one very important piece of work Harriet Martineau was closely associated with Florence Nightingale, though in writing of the work of the latter for her country, the subject, an unpleasant one at best, is now seldom remembered. But it was Miss Nightingale and Miss Martineau who were principally associated with Mrs. Josephine Butler in establishing the Ladies' National Association for the Repeal of the Contagious Diseases Acts, and the influence of these honoured names carried that movement to triumphant success. The names of Harriet Martineau and Florence Nightingale appear first below the great protest signed so widely by the women of England. Of what such strenuous, public action, with all the entailed misrepresentation and abuse which is so hateful to every refined woman, cost these devoted souls, we may learn something from Miss Martineau's own words. "I know," she wrote to a dear friend, "it was a right thing to do, and that it is the fault of the other side if modesty in myself and others is outraged, yet it turns me chill in the night to think what things I have written and put in print."

Ever ready to help the cause of women, Miss Martineau followed with warm interest the efforts made to secure complete medical education for women students, aiding the cause both by contributions in money, and by word and pen. "The question," she writes, "is so important, and the lady students have manifested so fine a spirit and temper under their harassing trials, that a large proportion of their countrymen will, I trust, feel the obligation of sustaining them during their conflict with jealousies and prejudices which will scarcely be credited by a future generation."

Miss Martineau's religious views were regarded with horror by many who knew of them only as much misrepresented in popular criticism. In these days of wider tolerance, they would call for little note, perhaps, for the attitude of the world has largely changed in this respect. An interesting letter from Miss Nightingale, written to her niece after Miss Martineau's death, gives the view of a wide-minded Christian. "I think," she says, "she had the truest and deepest religious feeling I have ever known." And again, in the same letter, "she was born to be a destroyer of slavery, in whatever form, in whatever place, all over the world, wherever she saw, or thought she saw it. The thought actually inspired her; whether in the degraded offspring of former English Poor Law, of English serfdom forty years ago; in any shape; whether in the fruits of any abuse, social, legislative, or administrative, or in actual slavery; or be it in Contagious Diseases Acts, or no matter what, she rose to the occasion."

Of Miss Martineau's writings, few are now in print, and the enormous number of political economy pamphlets she wrote, which had very great popularity in their day, are with difficulty to be dug out from the stores of second-hand bookshops. Her name has been perhaps chiefly associated in our minds with that charming book

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L. A. M.

THE OVERTRAINED NURSE

THE question of the nurse's province is agitating the medical men of New York, and has been deemed important enough to form the subject of a paper by Dr. W. Gilman Thompson, read at the N.Y. Academy of Medicine, in which he first contrasts the modern nurse with her predecessor.

"In former times much was written regarding the 'sentiment' of nursing. We were told how a new vocation had opened for deserving poor women who could thus support their widowed mothers and help to educate their orphaned sisters! The pay of the trained nurse in hospital in some instances was 2 dollars to 15 dollars a month; her course of training was short, and she was promptly equipped to earn a living. To-day, however, one hears much less of sentiment among the schools, and much more of business. A large number of schools now pay their nurses nothing, and many of the larger ones are charging tuition fees. A statement is often made that the average number of years in which a nurse follows her calling is ten, the ranks being rapidly depleted by matrimony, illness, or otherwise, largely, it would seem, by furnishing superintendents for new schools! I have been unable to verify the accuracy of this estimate, but I believe it is approximately correct, and I have seen it made again in a medical journal within a few weeks. The course of training is being rapidly lengthened. In considerably more than one-half of the schools it is now three years; in several it is three and a half years; a school in Cambridge, Mass., advertises a four years' course, and, not to be outdone, Boston has seriously been contemplating a five years' course. As a purely business proposition, it is poor economics to spend three or more of the most active years of one's life in acquiring a training which, by the laws of chance, may not serve one more than ten years as a means of livelihood.

"Nurses are absurdly over-trained and wrongly trained. Their long period of hospital life, one-third longer than that of members of the house staff, begets routine methods of work which often unfit them for the proper care of the individual patient, and the studies which they undertake in many instances belong to the first or even second year of a medical college course. As they are too busy with twelve hours a day of mechanical work to study any textbook subject thoroughly, they acquire a mere superficial introduction to many subjects which do not in the least concern the true office of the nurse, and, illustrating the danger of 'a little knowledge,' they acquire also an entirely wrong perspective. In support of this opinion, I will quote a series of examination questions asked the nurses at a well-known school in the West.

"What are the following operations: colpoperineoplasty, cholecystectomy, myomectomy, colpocystotomy?

"What kind of nerves are the fifth and seventh cranial nerves?

"Name the bones of the head and face.

"Name five pyogenic germs that cause disease.

"What is immunity?

"Does the presence of albumen necessarily indicate disease of the kidneys?

"How do you test for free hydrochloric acid in the stomach contents?

"Write 100 words [*sic*] of general urinalysis.

"Give a 30 line [*sic*] treatise on digestion." (Perhaps of a "quick lunch?")

"I submit that that sort of examination does not concern nursing, but first, second, or third year medicine. To answer such questions with the slightest comprehension of their meaning requires months or years of study of the special subjects mentioned—otherwise they are farcical. What can a nurse write in '100 words of general urinalysis' that is worth the paper it is written upon, and what has a nurse to do with the analysis of urine or gastric contents, especially when she does not know, as many of them do not know after three years of this sort of 'training,' how to count or describe a pulse properly, or even how to make a patient comfortable in bed! In one of the schools nearer at hand, it is seriously proposed to teach the nurses how to count leucocytes! In other schools courses in reading aloud and 'voice culture' are given.

"We are apt to lose sight of the true function of the nurse, in these days of scientific medicine, as we are apt to lose sight of the purely human side of medical practice, in our enthusiasm for germ cultures. The function of the nurse, the good, old-fashioned pre-training school nurse, was, first and last, *to make an ill person comfortable in bed*. The function of the trained nurse, as originally conceived by the physician, is, *in addition*, to observe and record certain data of the patient's condition, and in the case of surgery to learn how to clean her hands and cleanse instruments. It is not nursing to strap all the bed clothing in a ward so tight that every patient acquires talipes equinus because it looks better not to have a single coverlet disarranged! That may be discipline or training—it is not nursing. Nor is it nursing to fail to recognise after three years of training when a patient with cardiac orthopnœa needs a back rest and foot support; it is not nursing to awaken every patient in the ward every morning at 4.30 o'clock 'for the convenience of the night nurse,' so that she can get her ward in order and records finished in time for the day nurse to begin her duties with a free hand! It is not nursing to crucify the mildly delirious patient to the bed for hours on his back with fast bound hands and feet, when all he needs is to turn over into a comfortable position for sleep. This is not nursing, nor are these illustrations imaginary, but taken from recently observed fact. They denote the tendency of modern schools to dwell upon inflexible, unthinking routine, and advanced pedagogic methods, to the exclusion of cultivation of the nurse's individual judgment, tact, and common sense."

Among Dr. Thompson's conclusions are several with which we cannot agree, but the whole article, which is published in the *National Hospital Record* (N.Y.) for July, is worth careful reading.

In a short preface to the Third Annual Report of Lady Dudley's Fund for the Establishment of District Nurses in the Poorest Parts of Ireland, her Excellency the Countess of Aberdeen speaks of the dire need in many parts of Ireland for efficiently trained district nurses, and of the self-sacrificing labours of those nurses who are already at work. The report says there are now fourteen nurses working in different parts, three of whom have been appointed during the last year. Nurse Loughrey, who has been appointed to Glencolumbkille, one of the most poverty-stricken districts, of over 3,500 inhabitants, is doing excellent work. It is to augment the funds of this society that the Earl of Shaftesbury is organising the grand concert (which we announced recently), to be held on August 29th.

Aluminium instruments should not be boiled in soda solution. They are to be sterilised by boiling in plain water or passing them through an alcohol or Bunsen flame.

Patients who are suffering from diseases where the respiration is rapid and laboured, should be fed with a teaspoon and not through a tube, as the effort of getting the liquid from the glass into the mouth causes unnecessary exertion of the respiratory apparatus.

A ROUND IN A COLLIERY DISTRICT

THERE was a rush of bad cases, and as I looked at my list, I wondered how I should get through. My first case was a young woman suffering from puerperal fever. On my arrival I found her very exhausted after a bad night, with T. 103°, P. 136. I gave her brandy ʒjs in a little warm water, and prepared a douche (perchloride 1 in 2,000) ordered twice daily. I then proceeded to sponge and change the patient, and was just about to give the douche when the doctor arrived, and asked me to assist him in giving an intra-uterine douche. After this had been administered I made her comfortable, and gave strict injunctions to a friend to watch her carefully and give the brandy and medicine at the regular times, also to give her plenty of milk in small quantities frequently. I impressed upon her also the necessity of allowing no visitors, and requested that the baby should be taken care of in a warm place downstairs. After leaving a paper of instructions for baby's diet, and thoroughly disinfecting my hands, I left, promising to return in the evening.

My next case was a boy of ten, suffering from meningitis; he had already been on my list for seven days, and the mother, a bright young Irish woman, had everything in readiness. He had passed a fairly good night, and to the joy of the mother had been able to swallow some nourishment, and retained the nutrients given four-hourly—peptonised beef tea, egg, milk and brandy, alternately, which I always left in readiness at the last visit the previous day, with instructions for giving them. I found the temperature was 101°, pulse 128, R. 36. I gently washed out the lower bowel. After this I sponged and changed the patient, and made the bed. I then washed out the mouth with borax and glycerine, after which I gave a nutrient, milk and egg ʒii with brandy ʒjs, which was retained. Refilling the ice-cap for the head and hot-water bottle for the feet, I departed, promising to return in the afternoon. This being a critical case I went until the crisis three times during the day.

My third case was an old man of seventy-seven, who had been recently operated on at the hospital a few miles away for hernia, and who was now developing cerebral softening. The day before I had placed him on a water-bed, as his back was looking very red, and I was afraid of bedsores. On entering the house I heard the old man shouting, and was met by his daughter, a weary-looking woman with a large family, who informed me that they had passed a dreadful night. The patient for some time had a delusion that he was being poisoned, or in some way going to be done away with. He absolutely refused all nourishment, declared he was starving, and it was only by pretending to drink some milk from the same cup that I could persuade him to take anything. He had during the night kept all the neighbours awake, and declared that nurse was going to kill him, as he was sure she had put a fire under the water-bed, his back was so hot, and he knew the bed would burst, he could hear the water boiling, and he would go up through the ceiling, where, he didn't know. I tried my best to convince him it was all right, but it was of no use, and for the peace of the household I removed the bed. I was very glad I had done so, as two days afterwards he died.

I then hurried away, as my next case was in a village two miles distant, uphill the whole way. Before I had gone very far, one of my patients, a woman with a chronic ulcer of leg, whom I visited only twice a week when busy, shouted, "Nurse, will yer coom and look at my leg, its bonny and hard to-day, honey." After looking at the leg, which I found was as usual (the old woman wanting to tell me about her lad who had just returned from abroad), I again started on my hilly journey, and arrived at my next case. The patient was a young man of twenty-nine years, with a fractured spine, the result of a colliery accident. He was lying under the window on a water-bed, perfectly flat, very contentedly making some mufflers on a frame, as I had taught him, for the deep sea fishermen, so that he was able to feel of some use to others, although so helpless. After washing him and making and changing his bed, attending to back and heels, and dressing a wound which was slowly healing, I started away to another case.

This patient was a woman of sixty-five, who two days previously had been attacked with apoplexy, and who, I found, had died early that morning. After saying a few words of comfort to the daughter, I hurried on to a new case, which I found was one of severe burns on the extremities and face, the result of a slight explosion in the mine that morning. The friends of the man were too terrified to touch him in any way, and he was very grimy, just as he returned from the pit. With a little difficulty and a great deal of pain on the part of the patient, I washed him and applied carron oil to the affected parts (a dressing always found in a miner's house in case of accident).

My next case was a sad one, a young girl suffering from psoas abscess and arthritis; poor girl, it was pitiful to see her, only seventeen years old, and a living, suffering skeleton. As I entered the room she was quietly sobbing, the pain in the joints being very bad. Assisted by the mother, I dressed and made her as comfortable as possible under the circumstances, and gave them a ticket for a further supply of milk from the funds. I started on the two-mile walk home feeling tired and thankful all my mornings were not such busy and trying ones. I still had a few chronic and convalescent cases near at hand, which I could leave for my evening round.

NURSING ON A RANCH

NURSING experiences on a ranch seem to be fraught with untold difficulties, to judge from a very interesting article, called "My First Experience on a Ranch," which appeared in a recent number of the *Trained Nurse and Hospital Review*. To begin with, the patient's need for immediate skilled attention made it necessary that the nurse's arrival should be hastened forward with all possible speed. She therefore took a freight train, and as it was nearing the desired locality a man boarded it, and asked the nurse if she could jump from a moving train, as the driver would not stop. "I concluded I would try," she says, "and jump when the train came to the crossing in front of the ranch-house—which was about a quarter of a mile from the track—if he would take care of my luggage. So when the train came opposite the ranch-house I prepared to jump, risking a fall rather than a long wait, or cold walk. As I reached the ground the conductor and crew waved their hats and cheered."

Arrived at her destination the nurse found that the house consisted of several abnormally small rooms, in one of which lay the patient, just delivered of an eight-pound baby girl and suffering from post partum hæmorrhage. The doctor, who had worked like a Trojan all through, finally left our nurse in charge to "weave that web into a stronger thread of life." When feeding time approached the nurse went in search of milk, to be met with the information that none was forthcoming, as the cows had "gone dry," and the only hope held out was that "a cow was 'coming in' most any day."

The unfortunate patient seems to have had more than a fair share of suffering, and without our nurse, who worked day and night for a fortnight, must undoubtedly have succumbed. When fit to be moved the poor woman was found to be a mass of scalds caused by the heat of the douche given during hæmorrhage. During the first weeks these burns needed constant attention, and the baby had to be left to the care of anyone who happened to be there. Just as the patient seemed gaining ground she had a terrible relapse, owing to the carelessness of the druggist, who, in making up a salve prescription, doubled the amount of carbolic prescribed. The agony caused by these burns was terrible, but somehow she held on, and by the end of the third week the nurse reports a very marked improvement.

All this time the baby, of course, did badly, the lack of milk being a vital point. At last the nurse managed to persuade the father to buy a cow, and from that time forward the baby did well. Not long afterwards the patient was well enough to require only occasional visits, and the nurse left, to return at intervals. On one of these visits she had the misfortune to arrive at night, and had to make her flying leap from the train in the dark. Missing her aim she landed, not, as she hoped, on the

crossing, but beyond, and rolled down an embankment. Scrambling towards what she thought was the crossing, she ran square into a barbed wire fence, and, sore with her tumble, she sat down and tried yelling, with the result that one of the ranch dogs quickly came along, followed by the husband, who had duly come to meet the train, but fallen asleep while waiting for it!

These misadventures, however, ended well; for the nurse says that the mother soon took up again her work on the ranch, having succeeded in rearing the baby to health and strength.

AN IMPOSTOR

THE charitably disposed are frequently taken in by the piteous tales of the "out-of-work," and even sickness and deformity have a marketable value in the eyes of the tramp. The following instance is one of many which are of daily occurrence throughout the country, and owe their existence solely to the very misguided efforts of kindly people who do not approve of the Charity Organisation Society. The impostor in this case, which is described in the *Nurses' Journal*, is discovered at the roadside with a pool of blood at his feet, and a sympathetic crowd immediately suggest the hospital, but in his imperative desire to reach London, where the promised "job" is waiting for him, he refuses. He is carried into the neighbouring vicarage, and slowly, with pauses and gasps for breath, tells his sad tale; like many another of his class, he has been out of work for months, and in a last desperate effort to obtain employment, he has walked from Hammersmith to a town, some twenty miles off, where he has friends. Here disappointment again awaits him; the job he had hoped for has already been won by someone else; but he is told that if he returns at once to London he can obtain employment there. Back again he trudges without money or food, and half his weary walk is accomplished when this sudden catastrophe has overwhelmed him! There is no need for him to dwell upon his present condition: his attitude of utter exhaustion, his pallid face, upon which the perspiration stands out in beads, the ominous signs upon the pavement, are sufficient testimony.

On the arrival of the doctor the tramp undergoes a thorough examination, and this reveals no flaw in his lungs (it must, therefore, have been hæmatemesis, and not hæmoptysis, he was suffering from), and after a short rest he proceeds on his journey comfortably settled in a train, with ample means of support in his pocket. The charitable vicar, anxious as to the man's fate, asks a friend in town to call at the Hammersmith address, and he, of course, finds the house pulled down; and the curtain rings down on a friend's exclamation: "What! a man walking home to Hammersmith and seized with hæmorrhage! I was 'done' by him some months ago!"

CHINGFORD

HAVING occasion to visit the primitive little Essex village of Chingford the other day, I was much struck with it as being an ideal place for nurses in London, particularly those in the East-End—on account of their proximity to Liverpool Street Station—to go to when they have a day or even a few hours to spare.

It only takes a short time to get there, and a return ticket may be obtained for 1s.

The air is pure and bracing, and there is a pervading sense of remoteness from London, which is very charming; one could easily imagine oneself at least a hundred miles away from our busy capital. Epping Forest affords endless cool, delightful walks, and with ordinary care one need never lose the way. Then there is the lake—Connaught Water—where boats may be had by those who wish for a row. The museum, too, is worthy of a visit, said to be an old hunting-lodge of Good Queen Bess, up the broad stairs of which she is said once to have ridden her horse. Among many delightful spots worthy of a visit the picturesque ruins of the old church—long years in disuse—may be mentioned, and ought not to be missed. Those having bicycles would do well to bring them, as the roads are good and one could get further afield.

L. W.

INVENTIONS

THE concise description that we give below of a recent patent application is specially prepared by Messrs. Howard and Co., patent agents, 57 and 58 Chancery Lane, London, W.C., who will render assistance to our readers in all patent matters.

6459. Surgical belts. Miss B. Kent, Nurses' Hostel, South Block, Francis Street, London.

This patent relates to a surgical belt of any suitable washing or other material, which is provided with pieces which encircle the thighs and serve to keep the belt from working upwards. Shoulder-straps are also provided to prevent downward movement. The belt is fastened by straps and buckles, the buckles are removably attached to straps, the free ends of which, after the buckles are put on, are threaded through loops. The thigh pieces are fastened by buttons and tapes, and are secured to the belt by snap fastenings on one side and by buttons and tapes on the other side.

NEWS ITEMS

THE committee of the CRAWLEY COTTAGE HOSPITAL have received a cheque for £50 from the owners of the "Vanguard" Motor Omnibus in recognition of the valuable and kindly services rendered by the members of the medical and nursing staffs on the occasion of the recent accident at Handcross.

THE Hygiene Committee appointed by the Cambridge Education Committee have advised the appointment of a visiting nurse, who will attend to the well-being of the scholars in certain specified schools. A series of lectures on Hygiene have also been arranged in co-operation with the County Council, and these two measures will, it is hoped, do much towards raising the local standard of physique and living.

FRESH recruits to those fighting against infant mortality are daily coming forward, and the recent action taken by the Mayor of Colne is an example which it would be well for all in authority to consider. He has offered to defray the entire cost of a trained nurse for five years, her primary duty being the care of all infants and the education of the mothers. The ignorance of the women of the manufacturing districts on all matters relating to the rearing of infants is so appalling that the Mayor's timely intervention, putting as it does an educational, as well as a practical remedy within the reach of all, cannot fail to have beneficial results in reducing the present infant death-rate.

AT the annual meeting of the MUCH HADHAM NURSING ASSOCIATION, the president (Mr. Norman) referred to the excellent work done by Nurse Tilby, who has been removed to Watford. Miss Homer-Mole, who succeeded her, is carrying on the excellent work which is being done in the district with regard to the infant mortality question, and statistics were given which show how, since the institution of the Nursing Association, the general health of the inhabitants has improved. Over 120 cases are recorded for last year.

THE PONTELAND DISTRICT NURSING ASSOCIATION (affiliated to the Northumberland County Association) recently issued its first annual report. Pressure of work required the committee to employ two extra nurses for a short period. Nurse Davidson has at all times had her hands quite full, and her services have been very highly appreciated by the sick poor.

"THE work seen was very good; the patients appreciate Nurse Bull's work," was the report received by the committee of the AYLESBURY AND WALTON SICK NURSING ASSOCIATION, from the Q.V.J. inspector. During the year 3,969 visits were paid. Nurse Hill, who resigned in April on her appointment as head nurse at Handley,

was the recipient of warm thanks from the committee, who very much regretted her resignation.

By the will of the late Mr. Edward Rawlings, of Richmond House, Wimbledon Common, the Royal National Pension Fund for Nurses will receive £500.

Nurse Hutchinson, of the Long Sutton Nursing Association, has just completed a busy year of work. At the recent annual meeting the committee referred to her work in appreciative terms.

In aid of the Wiltshire Nursing Association a garden *fête* was recently held in the grounds of Grittleton House, by kind permission of Lieut.-Colonel Sir Audley and the Hon. Lady Neeld, which it is hoped will result in a satisfactory balance being handed to the committee.

The report read at the third annual meeting of the Egerton, Eagley, Dunscar, and District King Edward VII. Coronation Nursing Association was very satisfactory. During the year the nurse paid 4,185 visits, and her presence among the sick poor served not only to alleviate their sufferings, but has proved of immense educational value in teaching lessons of cleanliness and hygiene. The committee expressed their great satisfaction at the manner in which the nurse accomplished her difficult work.

At the recent annual meeting of the Darlaston District Nursing Institute, the resignation of Nurse Sykes, through ill-health, was referred to as a cause of great regret, her work having at all times given the greatest satisfaction. Nurse Ford, who was recommended by the Q.V.J., has filled Miss Sykes's place to the entire satisfaction of the committee. The Endowment Fund which the committee are striving to raise grows apace, and will, it is hoped, soon be sufficient for the maintenance and up-keep of the institute.

At the annual meeting of the Redenhall-with-Harleston District Nursing Association, the report, which was read by the secretary, shows a satisfactory year's work. The nurse had paid 1,323 visits, and there is a balance of £35 in hand, which, as the chairman said, shows that the patients recognise their indebtedness to the nurse.

APPOINTMENTS

Ashton-under-Lyne Workhouse Hospital.—Miss E. E. Douglas has been appointed superintendent nurse. She was trained at Manchester.

Banchory Sanatorium, N.B.—Miss F. Kennedy has been appointed charge nurse. She was trained at the Dumfriesshire and Galloway Royal Infirmary.

Carlisle Union.—Miss A. McCleery and Miss H. E. Todhunter have been appointed charge nurses.

Dartmouth and Kingswear Cottage Hospital.—Miss A. Harris has been appointed matron. She was trained at the City of London Hospital, Victoria Park, and at the Great Northern Central Hospital. She has since been at the Hospital for Nervous Diseases, Maida Vale; Victoria Hospital for Children; and at the Infirmary, Huddersfield.

Holborn Union.—Miss A. E. Judge has been appointed head nurse.

Leeds, City Fever Hospital.—Miss M. McLachlan has been appointed night superintendent. She was trained at the Birkenhead Infirmary, and has since been nurse at the Alexander Hospital, Coatbridge; sister at the Woolwich Infirmary; and night sister at the Chadwell Fever Hospital, Essex.

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Leek, Union Infirmary.—Miss E. L. Wilde has been appointed superintendent nurse. She was trained at the Wandsworth and Clapham Infirmary, and has since been charge nurse at Stoke-on-Trent Union Infirmary, dispenser and surgical nurse to Drs. McAldowie and Hind at Stoke-on-Trent.

Liverpool, Children's Infirmary.—Miss E. J. Atkins has been appointed lady superintendent. She was trained at St. Bartholomew's Hospital, and has since been matron of the Park Fever Hospital, Hither Green; Shoreditch Infirmary; and the Royal Hospital, Portsmouth. Miss Atkins also served in the S.A. war, and was acting superintendent of the hospital ships *Lismore Castle* and *Dunera*. Miss Atkins holds a C.M.B. certificate.

Liverpool, City Hospital, Fazakerley.—Miss K. Ediss has been appointed assistant matron. She was trained at Little Bromwich Fever Hospital, Birmingham; Belvidere City Fever Hospital, Glasgow, and at the Western Infirmary, Glasgow. She has since been night superintendent at Hull

Manchester, St. Mary's Hospital.—Miss K. Farmer has been appointed sister. She was trained at the Bagthorpe Infirmary, Nottingham, and has since been staff nurse and charge nurse in the maternity wards of the Leeds Hospital for Women and Children. She has the C.M.B. certificate.

National Hospital for the Paralysed, Queen's Square.—Miss K. E. Haywood has been appointed sister of the Electrical Department. She was trained at the Stroud (Glos.) General Hospital, and has since been staff nurse and electrical assistant at the National Hospital. Miss Haywood holds certificates for Swedish massage and electricity. Miss A. E. Myrton has been appointed ward sister. She was trained at Torbay Hospital, Torquay, and has since been staff nurse and temporary sister at the National Hospital. Miss Myrton holds certificates for Swedish massage and electricity.

Nice, Queen Victoria Memorial Hospital, Mount Boron.—Miss A. M. Hay has been appointed matron-superintendent. She was trained at the Leith General Hospital, and at the Royal Maternity and Simpson Memorial Hospital, Edinburgh. Miss Hay has since been sister at the Leith General Hospital; night charge nurse at Chesterfield Infirmary; sister at Dumfriesshire and Galloway Royal Infirmary; and matron of the Private Patients' Hospital, Cardiff.

Queen Alexandra's Military Nursing Service for India.—Miss A. A. Mackenzie and Miss F. Needham have been appointed nursing sisters.

Rotherham Union.—Miss H. E. Howarth has been appointed head night nurse; Miss F. L. Stead, Miss E. Newsome, Miss M. A. McEvoy, Miss A. Boyd, Miss H. Jackson, and Miss A. Moody have been appointed charge nurses.

St. Ives Union.—Miss A. E. Longworth has been appointed head nurse.

Sheffield, Jessop Hospital for Women.—Miss J. Campbell has been appointed theatre sister. She was trained at the Victoria Infirmary, Glasgow, and has since been at the Glasgow Samaritan Hospital for Women.

Shrewsbury, Salop Infirmary.—Miss M. Mutton has been appointed sister. She was trained at the Metropolitan Hospital, Kingsland Road.

Yorkshire, East Riding Lunatic Asylum.—Miss C. Fielding has been appointed matron. She was trained at the Bradford Union Infirmary, and has since been ward sister there and assistant matron at Stirling District Asylum.

RESIGNATION

Wellington (Somerset) Union.—Miss M. A. Foley, charge nurse, has resigned.

DEATH

We greatly regret to learn of the death of Nursing Sister Hensley, Q.A.M.N.S.I., after a short illness. She was buried with full military honours at Dalhousie. Lord Kitchener sent a telegram of sympathy.

CORRESPONDENCE

A HOLIDAY IN CORNWALL.

To the Editor.

It was with great pleasure and interest that I read "A Holiday in Cornwall" in the Nursing Times of July 28th, as part of the north coast is familiar to me, and I am of the opinion that it possesses a charm belonging to no other coast that I know.

Here in places the water is as blue as the sea round the coast of Italy, and the beaches have many wonderful stretches of firm, yellow sand, with noble cliffs and rocks and interesting caves. In Watergate Bay there is a marvellous cavern which will hold a thousand people. It has a natural platform at the far end, and on account of the tide the entrance to the cave has mostly to be made by natural windows in the side wall. It has beautiful acoustic properties, and choirs from many Cornish churches come to hear the effect of their singing. Concerts also are given here, and have to be held about midday, when the tide is at its lowest; the cave is then illuminated by candles stuck on the ledges in the walls, and the audience bring their own seats! The whole proceeding is most weird and unique, but all must enjoy the beautiful sound which a good voice or harmonious blending of voices will produce here. One of our most prominent modern vocalists has sung for a local charity in this cavern.

S. Columb Porth and Mawgan Porth (the latter about five miles further north) have very fine bathing sands, and the caves and high rocks make good bathing machines; indeed, these beaches are so vast that parties of visitors can be quite secluded all day in the separate caves. A greater contrast to the beaches at Brighton, Eastbourne, or Folkestone can hardly be imagined! A little inland, about two miles, is the lovely village of Mawgan, where there is an old convent of Carmelite Nuns. The chapel, and also the church near by, are quite worth a visit, the latter having a peculiar old oak rood-screen, and it is supposed that there is a subterranean passage between the church and the convent.

The lovely Carnanton Woods, three miles in extent, with a charming trout stream running through, will please all lovers of nature, and a walk through the woods will bring you to S. Columb Major, where the fine old church, with a notable archway under its tower, has lately been beautifully restored. Those who care for a very extensive and fine view should drive to the hill, Castle-an-Dinas.

Bedruthan Steps is a grand beach about four miles beyond Mawgan, the cliffs above being wild, rugged, and lonely, and the beach being studded with rocks, some very huge, which have become detached from the mainland. It is impossible to describe the beauty of this piece of coast—it must be seen. When the tide is out the rocks stand out serene and bold on the brilliant sand, and as the waves roll up they splash against the rocks, dashing the spray on high with delightful sound, and anon the sand is covered, and still the rocks stand majestic, with the water sweeping round their base. One of these great rocks is often photographed, having a peculiar formation, and making an exceedingly good giant likeness of Queen Elizabeth with her ruff and a train. It always goes by the name of "Queen Bess."

Other fine beaches further on are Trebarthick, Porthcothan, and Trevose, and then comes the quaint fishing village of Padstow, with S. Enodock on the opposite side of the harbour, where an old English church, lying low and lonely amidst a large area of sandhills, and which had been buried for years, has been uncovered, and is full of interest. I may mention that the name Saint Enodock has become corrupted to "Sinking Neddy"!

I also can recommend the north coast of Cornwall to all in search of beauty of scenery, healthy breezes, and a quiet spot "far from the madding crowd"!

E. G. R.

Nurse Hedderman, of Aran, thanks Miss M. M. for some delightful books, and Miss M. C. for some clothing for poor patients.

MIDWIVES IN IRELAND.

Mr. Healy, in a recent question in Parliament, referred to the "Irish Midwives' Association." May I ask, through your journal, when this was formed, and who are the officers? I have never heard of it, and, therefore, if it exists at all, it must be confined to Dublin only, and thus exclude the large number of midwives engaged in union and district work. Surely their help should be sought, and their interests considered, for the machinations of a small party may do harm and prevent the extension of the Midwives Act to Ireland. It seems to me that after the English C.M.B. have had all the trouble and pioneer work, the Irish ladies want to step in and have the glory.

Properly trained Irish midwives are not excluded from practice in England, if they have given in their names in due course.

I trust a special measure will be made for Ireland, to meet the requirement of midwives in a poorer country where laws are different.

Nurse Hedderman.

[We have no knowledge of the association mentioned, and should be glad of further information.—Ed.]

ARMY NURSING.

J. M., a former hospital orderly, writes a long and not too delicately worded letter on this subject, claiming for the orderly the credit of well-kept patients and wards, and inveighing against the "impropriety" of "mixed nursing." He would rather see all the nursing, even on the battlefield, done by women, just as in the civil hospitals.

ANSWER TO CORRESPONDENT

M. M. H.—You must apply by letter, or personally on Tuesdays or Thursdays, between 10 a.m. and 1 p.m., to the Matron-in-Chief, Q.A.I.M.N.S., War Office, 68 Victoria Street, S.W.

COMPETITION FOR AUGUST

We offer a prize of one guinea for the best paper, not exceeding 500 words, on the Selection and Use of Disinfectants in

(*a*) Making preparations for an abdominal operation.
(*b*) After-care of a septic surgical case.

Papers to reach this office by September 1st.

COMING EVENTS

September 6th to 8th.—International Tuberculosis Conference, The Hague.

NOTICE TO CONTRIBUTORS.

The Editor begs to notify intending contributors that there is so much matter in hand that no more paid articles can be considered until further notice. Items of news and comments on matters of topical interest will, however, be carefully read, and any useful hints or experiences that nurses may care to send will be printed if suitable.

All Editorial communications to be addressed to The Editor, "The Nursing Times,"

Messrs. MACMILLAN & CO., Ltd., St. Martin's Street, London, W.C.